

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 23, 1999

COUNTY FISCAL LETTER (CFL) NO. 99/00-35

TO: COUNTY WELFARE DIRECTORS
COUNTY WELFARE FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: ASSISTANCE CLAIM FUNDING CHANGES FOR EMERGENCY
ASSISTANCE (EA) FOSTER CARE (FC) and EA CHILD WELFARE
SERVICES (CWS) GENERAL ASSISTANCE (GA)

REFERENCE: COUNTY FISCAL LETTER (CFL) NOS. 95/96-31, 97/98-12, 97/98-41,
97/98-51, AND 94/95-10

The purpose of this letter is to provide updated assistance claim instructions for EA FC and EA CWS GA.

BACKGROUND

EA FC and EA CWS GA were implemented September 1, 1993 (reference CFL No. 94/95-10). Counties were reimbursed for these expenditures with federal Title IV-A funds and subsequently with Temporary Assistance for Needy Families (TANF) funds (reference CFL Nos. 97/98-12, 95/96-31 and 97/98-51). The State Budget Act of 1997 shifted funding from TANF to State General Fund (SGF) to help meet the TANF Maintenance of Effort (MOE). However, in the Federal Guidance on Application of the TANF Final Rule (TANF-ACF-PA-99-1) dated April 12, 1999, states were notified that while the former EA expenditures are eligible for TANF funds, they can not count towards the TANF MOE.

EA FC CLAIMING INSTRUCTIONS

Because the TANF Final Rule, effective October 1, 1999, prohibits the use of EA for MOE, the entire SGF portion of EA FC will be shifted to TANF.

In accordance, the attached Summary Report of Assistance Expenditures for EA, FC – State Only form [CA 800 EA (STATE)] has been revised to reflect the shift from 70 percent SGF to 70 percent Federal TANF funds. There is no change in the county share. The California Department of Social Services (CDSS) will shift the funding at the State level from SGF to TANF for the October 1999 CA 800 EA (STATE) forms. Effective with the November 1999 claiming month, all counties are required to complete and submit the revised CA 800 EA (STATE) forms.

Please destroy all previous versions of these forms since they will no longer be accepted. Camera ready copies of the revised forms are available upon request by submitting a written request to or contacting:

California Department of Social Services
Forms Management Unit
744 P Street, M.S. 7-182
Telephone Number (916) 657-1907

EA CWS GA CLAIMING INSTRUCTIONS

In accordance with the information listed above, the DFA 881, Summary Report of Assistance Expenditures for EA/GA-CWS form will also be updated to reflect the funding change from SGF to TANF. Specific claim instructions will be forthcoming in a separate CFL as soon as the form is revised. Until then, the CDSS will shift the costs at the State level from SGF to TANF. Counties are reminded that any costs for "qualified aliens" who entered the Country after the August 22, 1996 date outlined in CFL No. 97/98-51 dated March 26, 1998, are ineligible for TANF funds and should be funded with 100 percent county funds.

The CDSS Fiscal Policy Bureau (FPB) is available to answer any questions related to these claiming instructions. You may call your FPB county analyst directly or you may call (916) 657-3440 to be directed to the appropriate analyst.

Sincerely,

**Original Signed on
November 23, 1999 by George E. Peacher, Jr**

GEORGE E. PEACHER, JR., Chief
Fiscal Systems and Accounting

Attachments

c: CWDA

ATTACHMENT A

NON-FED ELIGIBLE SOCIAL WORK CALCULATION
METHODOLOGY

	1 Total Social Work Admin Costs*	2 Total Social Work Costs*	3 SW %	4 Total Social Work Costs Claimed	5 Sub Total SW Admin Costs	6 Federal Share 50 Percent	7 Total Unallowable Social Work Admin. Costs
1991	\$10,848,141	\$27,500,670	39.4%	1,847,700	\$727,994	50%	\$363,997
1992	\$12,883,329	\$33,200,869	38.8%	8,586,123	\$3,331,416	50%	\$1,665,708
1993	\$15,827,876	\$39,417,262	40.2%	9,892,927	\$3,976,957	50%	\$1,988,478
1994	\$18,729,666	\$49,233,416	38.0%	11,838,272	\$4,498,543	50%	\$2,249,272
1995	\$25,048,766	\$63,254,228	39.6%	14,055,126	\$5,565,830	50%	<u>\$2,782,915</u> \$9,050,370

1. Divide total social work administrative costs by total social work services to get social work administrative percentages
2. Multiply social work administrative percentages by total social work costs (per month per child) for sub total of unallowable social work administrative costs
3. Multiply total unallowable social work administrative costs by federal sharing ratio for total federal disallowance

*These figures represent actual expenditure data reported by FFAs plus the amount of general administration allocated based on the indirect cost rate methodology

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR EMERGENCY ASSISTANCE (EA)
FOSTER CARE - FEDERAL**

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(Instructions on Reverse Side of Form)

Note: Use CA 800 EA (10/93) for all adjustments prior to the July 1997 report month.

SOURCE DOCUMENT

(A) Person Counts (Children)	(B) Total Aid	(C)	<u>CURRENT MONTH</u>
			1. Main Payroll
			2. Current Month Supplemental
()	()		3. Current Month Cancellation
			4. Prior Month Supplemental Payroll
			5. Current Month Adjustment
			6. Subtotal
			<u>PRIOR MONTH NEGATIVES</u>
()	()		7. Prior Month Cancellation
()	()		8. Recoveries of Aid
()	()		9. Prior Month Negative Adjustment
()			10. Subtotal
			<u>PRIOR MONTH POSITIVES</u>
			11. Prior Month Positive Adjustments
			12. Subtotal

13. GRAND TOTALS

A. Persons Counts (6A + 10A + 12A)	B. Total Aid Payments (6C + 10C + 12C)	C. Federal Share (13B x .70)	D. County Share (13B x .30)

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of Emergency Assistance Foster Care in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Emergency Assistance Foster Care made by the county; that said amounts correctly reflect State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

**INSTRUCTIONS FOR USE OF THE FORM CA 800 (EA)
(FEDERAL ONLY)**

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

4. Line 1A through Line 5A: Enter the number of children in the persons counts column.
5. Line 1B through Line 5B: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll). Only current month adjustments should be entered on Line 5B.
6. Line 6A: Enter the subtotal of person counts.
7. Line 6C: Enter the subtotal from Lines 1B through 5B.

PRIOR MONTH NEGATIVES

8. Line 7A through Line 10A: Enter the number of children in the persons counts column.
9. Line 7B: Complete with the amounts shown on the integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown for each contra-roll.)
10. Line 8B: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 9B: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 10C: Enter the subtotal from Lines 7B through 9B.

PRIOR MONTH POSITIVES

13. Line 11A: Enter the number of children.
14. Line 11B: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
15. Line 12A: Enter the subtotal of number of children.
16. Line 12C: Enter the subtotal of the prior months positive adjustments.

COMPUTE GRAND TOTALS FOR FEDERAL AND COUNTY SHARES

17. Line 13A: Enter the Total Persons -- Add 6A, 10A AND 12A.
18. Line 13B: Enter the Total Aid Payments -- Add 6C, 10C, and 12C.
19. Line 13C: Enter the federal share -- Multiply 13B by .70.
20. Line 13D: Enter the county share -- Multiply 13B by .30.